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**OFFICIAL****DATE:****PTO IDENTIFIER:** Application Number 10/730,892  
Patent Number**Inventor:** Katherine L. Saenger et al.**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (703) 872-9306**FROM:** CONNOLLY BOVE LODGE & HUTZ LLP

Matthew J. Mason

**PHONE:** (202) 331-7111**Attorney Dkt. #:** 20140-00316-US**PAGES (Including Cover Sheet):** 11**CONTENTS:** Missing Parts Transmittal (1 page);  
Fee Transmittal (1 page);  
Declaration (2 pages);  
Associate Power of Attorney (2 pages);  
Copy of NTFMP (2 pages);  
Certificate of fax Transmission (1 page); and  
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PTO/SB/97 (12-97)

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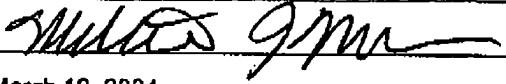
(To be used for all correspondence after initial filing)

Application Number	10/730,892		
Filing Date	December 10, 2003		
First Named Inventor	Katherine L. Saenger		
Art Unit	2811		
Examiner Name	Not Yet Assigned		
Total Number of Pages in This Submission	1	Attorney Docket Number	20140-00316-US

**ENCLOSURES (check all that apply)**

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input checked="" type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 (Declaration and fees)	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address (Associate Power of Attorney) <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual name	CONNOLLY BOVE LODGE & HUTZ LLP Matthew J. Mason - 44,904
Signature	
Date	March 19, 2004

PTO/SB/17 (10-03)

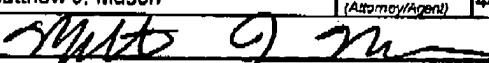
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**SUBMITTED BY**

(Complete if applicable)

Name (Print/Type)	Matthew J. Mason	Registration No. (Attorney/Agent)	44,904	Telephone	(202) 331-7111
Signature				Date	March 19, 2004